

Program to Strengthen the Bolivian Health System
FORTALESSA – UNICEF



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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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ACRONYMS

AWP	Annual Work Plan
CAI	Information Analysis Committee
CLS	Social Council in Health
HCI	Health Care Improvement
HPME	Bleeding on the First Half of Pregnancy
FIM	Institutional Municipal Pharmacies
FORTALESSA	Program to Strengthen the Bolivian Health System
MCHIP	Maternal and Child Health Integrated Program
MSD	Ministry of Health and Sports
PAHO/WHO	Pan-American Health Organization/World Health Organization
FP	Family Planning
HCP	Health Community Program
HR	Human Resources
SAFCI	Intercultural, Community and Familiar Health
SALMI	System of Administration and Logistic of Medicaments
SIAL	System of Information, Administration and Logistic
SNIS	National Health Information System
SNUS	National Unique Supplies Systems
SEDES	Departmental Health Service
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USSC	Unit of Services of Health and Quality – Health Ministry
VIFPE	Vice ministry of Public Investment and Internal Financing

I. PURPOSE

To contribute to the well-being of the Bolivian population in the three departments prioritized and reduce health inequalities by increasing access and quality of health services and improving efficiency, equity, and accountability of the health sector

Result One: Operations systems and participatory management strengthened at all levels of the health system (Participatory Management and Leadership).

Result Two: Access to and quality of intercultural healthcare increased and improved

Result Three: Underserved rural population empowered to seek/obtain culturally appropriate health care. (Equity and Rights)

II. PROGRESS REPORT

During the April-June 2012 term, having concluded the elaboration and negotiation of the AWP 2012, the MSD and the SEDES began a process of registering the funds with the VIFPE. This administrative process is bureaucratic and slow, and the situation is as follows: a) The Chuquisaca SEDES began the registration of funds and at the same time, it began the execution of funds transferred this year, charged to funds registered last year to be delivered by UNICEF, which facilitated the execution of und as advanced funds; b) as far as the MSD and the La Paz SEDES is concerned, these entities continue undergoing the registration funds process, which is why UNICEF proceeded to the direct execution/direct payment of some of the activities include in the AWP, in collaboration with the corresponding institutions.

Within this context, the execution of actions by the technical units of the MSD, the SEDES, the Network Coordinations and the SAFIC Municipal Medical Office, follow heterogeneous work dynamics because the Chuquisaca health networks executed activities as scheduled and this did not happen at the La Paz networks where activities are executed aimed more at the management work of the SEDES.

The implementation of actions at the three levels of the system's management and attention was coordinated in close collaboration with the PAHO/WHO, MCHIP, Deliver, HCI and *Comunidades Saludables*, to avoid the duplication of efforts and conversely, to join potentialities.

Also, we inform that the MSD's General Planning Director and the Health Promotion Directorates, Health Services Units and others were replaced by new authorities who were informed about the FORTALESSA Project and offered their support to the Project's implementation.

Taking into consideration the previous points, the following are the activities and products achieved during this quarter in relation to programmed results:

R1. Strengthening of participative management and operating systems at all levels of the Health System (Participative Management and Leadership)

Activities and products achieved:

At National Level (MSD):

- The Ministry of Health and Sports and UNICEF's Representative signed the Action Plan 2012, developed based on the AOPs of the MSD's functional units.
- The funds agreed and established in the 2012 AWP with the MSD are registered with the VIFPE.
- FORTALESSA's *First National Technical Committee* created with UNICEF's technical assistance. All participating counterparts and actors at the end of the meeting had been informed and were knowledgeable about the characteristics of the Project's execution facilitating coordination and the joining of efforts.
- Development and presentation to the National Technical Committee, for its consideration, of the Internal Regulations of the Mechanisms of Coordination, Monitoring and Evaluation of the FORTALESSA Program.

At Departmental Level (SEDES and Network Coordinators):

- The SEDES of La Paz and Chuquisaca organized to implement the actions established by FORTALESSA; in this sense, at La Paz a focal point was chosen for the project, which coordinates actions at SEDES level; in Chuquisaca, Planning is the coordinating unit. These definitions enabled the correct approach to the Project's management process.

As far as La Paz is concerned, the SEDES Technical Committee was created with the participation of all Program Managers who are directly involved in the project. The Administrative Unit also took part of this committee.

- The Chuquisaca and the La Paz SEDES received the technical assistance of public health professionals, who in conjunction with their departmental teams developed support actions for training and monitoring processes related to the implementation of the AWP 2012. These two technicians are stationed at the SEDES.
- Administrative personnel were hired for both SEDES, and are currently providing the corresponding administrative support following administrative regulations established by the SEDES and the governorship.
- The registration of funds begins at both SEDES, process undertaken jointly with the governorship's administrative team. The certification of funds by the VIFPE begins at the beginning of June. In La Paz, this coordinated work enabled the governorship to authorize the movement of these resources by the SEDES team and the six health networks part of this project.
- The administrative unit of the La Paz SEDES developed a manual of administrative processes and procedures to support financial execution; in the same fashion, in Chuquisaca, administrative flows were developed to speed up disbursements and accountability.
- As programmed, the "*Workshop on the Administrative and Financial Management of funds for the SEDES of La Paz and Chuquisaca of the FORTALESSA UNICEF Program*", which took place with the participation of close to 189 people (77 from La Paz and 112 from Chuquisaca), health professionals from the 13 networks and the managers of municipal health in the 57 municipalities part of the intervention's area. The participation of the

SEDES' administrative team was very important for the preparation of contents and for the selection of topics to be socialized. An administrative flow and the tools used for this process were established.

- The technical teams of La Paz and Chuquisaca reviewed the instruments and methodologies used to develop the Departmental Information Analysis Committees (CAI). These instruments were applied in the Departmental CAI with the participation of 100% of all technicians (Program Managers, Network Coordinators and Municipal health teams) in Chuquisaca as well as in La Paz. These technicians, after analyzing the information made decisions aimed at improving health coverage and the execution of activities programmed for the current period within a context of management for results.
- Focal points for budget execution were identified at each municipality, responsibility that was delegated to the Municipal Health Manager, with the support of Network Coordinators, the administrative team of SEDES.
- A training workshop was held for 35 technicians and 7 Network Coordination Teams of Chuquisaca on the System for the Programming of Operations and Basic Functions of Public Health, which permitted improving knowledge and instruments related to planning processes taking into account the SAFCI health model.
- Fast monitoring of vaccination coverages was performed in the department of Chuquisaca, permitting the identification of achievements and difficulties, which received a local response. The population denominator continues being a problem.
- A supervision workshop was held for the 7 Network Coordination teams and technicians of the Chuquisaca SEDES, and the comprehensive supervision instruments were reviewed using a results based approach aimed at achieving the 2012 goals. All departmental level managers of the different units of the SEDES also participated in this workshop.
- Training supervision was performed from the Chuquisaca SEDES to the 7 Network Coordinators, using the instruments developed and reviewed by the SEDES, an activity that permitted identifying achievements made and difficulties found in the application of regulations and giving technically pertinent and timely solutions to local teams. During these supervisions, important progress is noticed in maternal-infant health care covered by the SUMI, as well as a good execution of the activities programmed for the current term.
- Training and implementation of the SALMI in health care facilities of Network I and in the Camargo Network of Chuquisaca, strengthening the operation of the FIM. This activity was executed with DELIVER's technical assistance.
- Two workshops were held at the Chuquisaca SEDES: programming and estimation of needs (69 participants) and evaluation of availability of essential medicines and analysis of logistics data (58 participants), activity performed with DELIVER's technical assistance.
- In La Paz, training was provided on the SNUS, SALMI, SIAL in coordination with DELIVER and the PAHO,

At SAFCI Health Networks' Level (Municipal)

- Network Coordinators, in La Paz as well as in Chuquisaca informed networks' health personnel about the FORTALESSA Project and the need to execute actions programmed for 2012 and to achieve planned results.

- In Chuquisaca, 5 Network CAI were held with the participation of local actors and the technical assistance of the SEDES' Territorial Managers, an action that permitted defining and prioritizing operating tasks aimed at achieving annual goals and to see comprehensive actions taking place in particular in health sectors with high population dispersion.
- At the level of Chuquisaca's SAFCI Municipal Health Network, 17 CAI were held with the important participation of local and community authorities who contributed to the better analysis of information and therefore, to the identification of actions to respond to demands. It is worth pointing out that health coverages, in particular for maternal-infant health, exceed 70% of municipalities with an acceptable projection for December. In addition, the CAI permitted performing the monitoring of the compliance with Management Commitments, which coincide with the Program Indicators; action plans were developed to achieve their compliance.

The following are the main recommendations made: Improve the involvement of services with social organizations to strengthen health promotion and achieve the complete implementation of the SAFCI; strengthen all processes related to quality improvement in service provision; strengthen supervision, in particular in the monitoring of proposed work plans; improve coordination with the *Bono Juana Azurduy*, SAFCI brigades and others; continue visiting communities with multidisciplinary teams and work on the strengthening of the networks, in particular the reference and counter-reference system.

- The Network Coordinators performed supervisions of the Municipal Medical Offices SAFCI (22 municipalities) using instruments developed in conjunction with the Chuquisaca SEDES. These supervisions were aimed at monitoring management commitments, based on which actions were developed to improve coverages.
- The Chuquisaca's Municipal Medical Offices, reached with training supervision, 170 health care facilities present in 17 municipalities, permitting monitoring the compliance with the regulations established by the maternal-infant programs.
- Because the activities planned in the AWP's of the municipalities of La Paz still have not been authorized for execution, and given UNICEF's inability to make direct payments, these activities have not been yet executed.

R2. Increased access and improved quality of intercultural health care

The following are this result's activities developed and products achieved:

At National Level (MSD):

- Support and coordination was provided through MSD's technicians to activities aimed at the development of the Plan of immediate actions to reduce maternal, neonatal and infant mortality, identifying key strategies to speed up the process leading to the compliance with the corresponding MDG.
- During this period, FORTALESSA-UNICEF worked on providing technical assistance to the MSD in the formulation and validation of manuals and regulation guides that will make viable the organization and operation of health networks and the implementation of the quality program. This process is aimed at developing the capacities of the SEDES and the clinical and intercultural competencies of suppliers, promoting joint work in both technical areas of the USSC. The following were identified as key regulation documents: the updating

of the regulation related to the characteristics of 1st level facilities; the development of a regulation related to the characteristics of 2nd level facilities; the development of a guide of the infrastructure and equipment and final validation of clinical care regulations, NACS. The methodology used for the development, validation or updating of these documents included the participation of the SEDES, experts, operation civil workers, scientific societies and other partners such as the JICA and the PAHO for example, reinforcing their co-responsibility in their areas of competencies; currently these documents have reached their systematization and final edit phase.

- Support was provided to the review of curricular contents for the training of quality managers as a strategy to develop technically and financially sustainable human resources; it is foreseen to have a quality manager for each health network.
- With the Unit of Networks of Health/Quality and Promotion Services, it was established that certification standards for health facilities are to be related directly or indirectly to the SAFCI and with the participation of social organizations, identifying at least 15 standards for the first case, and 6 for the second, harmonizing their implementation and monitoring; it is essential for this purpose the creation of technical teams for continuous quality improvement in each health facility.
- Within the framework of the consolidation and expansion of the continuous quality improvement cycles the seventh learning session was held, where standards for prematurity and hypertension disorders during pregnancy were approved with the support of MCHIP.

It was also decided that through quality improvement cycles, the following standards will be monitored at national level:

- 1) Basic Perinatal Clinical History (HCPB)
- 2) Active Handling of the Third Stage of Delivery (MATEP)
- 3) Correct handling of Partogram
- 4) Fast HIV test during prenatal control
- 5) Hypertension disorders during pregnancy (new)
- 6) Timely delivery of PR-HIV results,
- 7) Atención Inmediata del Recién Nacido (AIRN)
- 8) Neonatal Reanimation
- 9) Premature births care (new)
- 10) Neonatal sepsis
- 11) Handling of bacterial pneumonia
- 12) Handling of severe malnutrition

It is interesting to point out that the central message of the seventh learning session was that "the methodology used to measure quality standards can be applied to any topic and its efficiency is proven", demonstrated and shared through concrete examples by the MCHIP, HCI, FCI and the MSD/STD/HIV/AIDS Program.

- To give continuity to the actions started in 2010 with UNICEF's support, the MSD's URSSC brought together the neonatal reanimation committees to determine the progress made in the training of HR in neonatal reanimation and to develop action plans for the corresponding monitoring and accompaniment from central level. The following are the main conclusions reached: a) The SEDES will prioritize the training of local instructors, the coordination of neonatal reanimation committees with the maternal and neonatal mortality vigilance committees; they will develop decentralized training, authorization and

certification processes; departmental monitoring plans include: training supervision, equipment and monitoring of intra-hospital mortality; b) The MSD will review the recommendation for the permanence of trained personnel in neonatal care wards, will perform every six months the monitoring of the activities of the departmental committee, will implement the neonatal mortality vigilance system (area of the continuum) and will promote the application of regulations through quality improvement cycles and other training activities, aside from the committees.

At Departmental Level (SEDES and Network Coordinators):

- At the SEDES of La Paz and Chuquisaca, the implementation of quality improvement cycles in the prioritized Yungas and Camacho networks of La Paz and the reinforcement of the Sucre network and the start of the Camargo network in Chuquisaca has began, with the technical assistance of MCHIP for maternal health and reproductive sexual health and UNICEF's assistance for quality standards for the care of the newborn and infant. Currently, a baseline and a quality improvement action plan are available and the result for all standards was 0% as is usually the case at the onset of this strategy's implementation.
- The 70% of health establishment of Camargo's network initiated the implementation process of the continuous health quality cycles in the first level of attention and hospital of second level. Of same way, the quality standards were implemented in the Sucre's network. These actions were accomplished with the technical assistance of MCHIP.
- At the La Paz SEDES, activities linked to care quality were developed following the agenda set up by the team of health networks and REYCAL Quality. These activities improved the inter-programmatic work at SEDES level to work on and implement quality improvement cycles.
- Technical support was provided to the socialization of the *Certification Regulation* at departmental level in the three scheduled activities and in coordination with the PAHO - UNICEF and La Paz SEDES: the 6 Rural Networks part of the FORTALESSA area, as well as Urban networks (city and El Alto), 3rd level hospitals; in the future this will cover social security and private.
- At La Paz, neonatal reanimation training was provided to 22 health suppliers, who worked as departmental facilitators for its expansion to the first level, for this purpose, the training of human resources.
- A workshop was held to develop a manual for the multi-programmatic supervision of the La Paz SEDES, prior review of the existing document and its redirection based on the three results of the Institutional Health Strategic Plan. The variables and indicators to include in the supervision forms were identified and afterwards, the presentations to socialize and reach a consensus on the document will be performed. In addition to UNICEF, MCHIP and DELIVER, 17 professional of the La Paz SEDES participated in this workshop.
- At the Hospital Los Andes of El Alto, induction on quality improvement strategies was performed, in addition to sensibilization on the main causes of maternal, neonatal and infant mortality. The implementation activity has been schedule for the first two weeks of July with the personnel responsible for the pediatric, neonatology and maternity areas.
- The workshop for the training of maternal health facilitators, first stage, was held in Chuquisaca. This activity was performed with the technical assistance of MCHIP and it trained 25 technicians (10 women and 15 men).

- At the Sucre Network, the workshop on advanced neonatal reanimation procedures was held with the participation of 36 (7 women and 29 men) health officials of second and third attention levels.
- 112 municipal authorities and from selected social networks in Chuquisaca participated in workshops for the socialization and advocacy of the regulations for the characteristics and certification of health facilities. During their development, doubts, demands and suggestions to improve care quality from the community perspective were raised.
- The training and evaluation of the maternal mortality system workshop for the Sucre Network I was held with the participation of 44 technicians (17 women and 27 men), who committed themselves to the application of vigilance instruments as well as to their analysis and diffusion.
- With the participation of technicians of the Network Coordinators and of the Chuquisaca SEDES, the socialization of the regulation of reference and counter-reference and network operation workshop was held. During this workshop, the necessary inputs were provided to start the processes and application of instruments related to the network's operation.
- The diagnostic of the TB status workshop was held in the Department by municipalities (baseline), with the participation of 41 technicians (17 women and 24 men), who at the conclusion of the workshop were informed about the status and define actions to follow. This activity is performed with HIC's support.
- The induction to the methodology of the continuous TB care quality improvement cycle's workshop was held with the participation of 41 health technicians. In this workshop, HCI presented its successful experience applying this methodology.

At SAFCI Health Networks' Level (Municipal)

- An activity executed as prioritized in Chuquisaca was the training on the SAFCI for institutional personnel (85% trained), as well as for community representatives; the diffusion of the policy achieved and the participation of the community and municipality in its implementation were achieved. The following are the topics discussed: procedures for participative municipal and local management, procedures for health education, articulation and complementary procedures between medicines and the "family card".
- At the 5 municipalities of Chuquisaca training on AIEPI was provided with the participation of 100% of all personnel and at four municipalities, training was given on maternal and neonatal health with the participation of 100% of all technical human resources.
- MCHIP provided technical assistance in the implementation of quality standards in the maternal area, in particular in the Camargo Network, as well as in the training of obstetric emergencies facilitators at departmental level.
- With HCI's assistance, a number of activities were performed aimed at improving the capacity of the personnel of the TB Program and the start of care quality improvement processes.
- Rural communities in Chuquisaca without health facilities were visited by health brigades, which developed promotion and health care actions, as well as the offer of SUMI services, vaccination and delivery of micronutrients.

- Comprehensive health and vaccination campaigns were developed at 70% of all Chuquisaca municipalities.
- The personnel of the seven health networks of Chuquisaca received training on procedures and the regulations for network operation, placing emphasis on reference and counter-reference.
- The “family card” was implemented in 11 municipalities of Chuquisaca through home visits.

R.3 Rural population not receiving proper care empowered to search for culturally appropriate health care (PROMOTION AND SOCIAL PARTICIPATION)

The following are the activities developed to reach the products programmed for this result:

At National Level (MSD):

- Processes were implemented to hire consultants to provide support to the development of regulation documents for the Health Promotion Unit (5 consultants: Curricular Development of the SAFCI’s Strategy and Operating Axis; Development of a Communications Strategy in the SAFCI; Proper Treatment Strategic Guidelines; Community Education Guidelines and Education for Health Guidelines). Also, processes were implemented to hire two consultants: one to provide Technical Assistance to the implementation of the municipal participative Management process within SAFCI’s framework, and the second for the Strengthening of social organizations centered on the SAFCI policy.

At Departmental Level (SEDES and Network Coordinators):

- Departmental workshops were held with 12 municipalities of Chuquisaca, where methodological tools were provided for health municipal planning as part of the municipal participative management. Activity that was held with the technical assistance of HCP.
- Meeting of the Departmental Health Council of Chuquisaca to analyze the health status, characterize service provision and identify key actions to improve maternal-infant and family health. Actually they have norms of functioning and status.
- Two workshops were held to collect inputs that will enable the development of community education guidelines in the department of La Paz.
- The departmental health fair was held to promote the correct use of food, hygiene, health prevention in the metropolitan areas as well as in the city of El Alto.
- Development of the Regulation related to the operation of the Departmental Social Health Council of Chuquisaca.

At SAFCI Health Networks’ Level (Municipal)

- A number of meetings were held in Chuquisaca with the Municipal Health Council to analyze the status of the Health Network III and to make decisions based on identified priorities.
- Working in conjunction with *Comunidades Saludables* in Chuquisaca, meetings/workshops were held of health “councils” and the Municipal Social Councils were strengthened.

Indicators:

The following are the indicators and goals achieved as of June in the department of Chuquisaca.

Table Nº 1

Departmental Health Service of Chuquisaca

Vaccination Expanded Program: Pentavalent 3rd Dose for children less than 1 year old

Per Municipality from January to June 2012

MUNICIPALITY	PENTAVALENT 3 rd DOSE < 1 year old						TREND	DECEMBER PROJECTION
	2011 TERM			2012 TERM				
	PROGRAMMED	EXECUTED	%	PROGRAMMED	EXECUTED	%		
CULPINA	478	241	50	481	221	46	-4	92
SUCRE	7026	3158	45	7036	3123	44	-1	89
POROMA	444	191	43	444	172	39	-4	77
INCAHUASI	503	198	39	398	154	39	-1	77
VILLA SERRANO	308	147	48	316	117	37	-11	74
MONTEAGUDO	814	273	34	820	303	37	3	74
VILLA CHARCAS	381	200	52	476	173	36	-16	73
VILLA ABECIA	94	31	33	94	34	36	3	72
SAN LUCAS	1128	385	34	1114	370	33	-1	66
TOMINA	308	88	29	311	103	33	5	66
LAS CARRERAS	110	35	32	111	36	32	1	65
SOPACHUY	243	84	35	245	79	32	-2	64
HUACARETA	290	112	39	292	94	32	-6	64
PRESTO	313	109	35	314	101	32	-3	64
CAMARGO	495	153	31	489	152	31	0	62
YOTALA	232	66	28	232	70	30	2	60
MUYUPAMPA	376	93	25	372	108	29	4	58
MACHARETI	300	94	31	297	83	28	-3	56

ICLA	330	94	28	330	91	28	-1	55
EL VILLAR	120	31	26	121	33	27	1	54
AZURDUY	429	144	34	422	114	27	-7	54
TARVITA	650	173	27	640	168	26	0	53
ZUDAÑEZ	242	77	32	242	62	26	-6	51
PADILLA	345	104	30	349	89	26	-5	51
MOJOCOYA	250	81	32	251	63	25	-7	50
HUACAYA	86	27	31	86	20	23	-8	47
YAMPARAEZ	273	64	23	272	62	23	-1	46
TARABUCO	612	232	38	610	135	22	-16	44
ALCALA	126	33	26	128	25	20	-7	39
TOTAL SEDES	17306	6718	39	17293	6355	37	-2	73

SOURCE.- SNIS JUNIO 2012

This indicator's goal is to have 10 municipalities with coverage exceeding 85%; currently they have 2. The difficulties meeting this goal were related basically to the medical strike, reaching a general coverage of less than 2 points in relation to the past term; nevertheless, supervision activities, the CAI and visits to communities will turn around this trend during the second semester.

Table Nº 2

Departmental Health Service of Chuquisaca

Care Program for children less than 5 years old:

Full iron dose for children between six months and two years old

Per Municipality from January to June 2012

MUNICIPALITY	FULL IRON DOSE						TREND	PROJECT.
	2011 TERM			2012 TERM				
	PROGRAMMED	EXECUTED	%	PROGRAMMED	EXECUTED	%		
VILLA ABECIA	140	99	71	142	108	76	6	153
SUCRE	10432	8401	81	10554	7962	75	-5	151
CULPINA	713	569	80	721	532	74	-6	147
MACHARETI	443	313	71	446	316	71	0	142
POROMA	659	502	76	667	447	67	-9	134
TOMINA	460	234	51	466	312	67	16	134
HUACAYA	128	44	34	129	85	66	32	132
HUACARETA	433	287	66	438	281	64	-2	128
VILLA SERRANO	466	403	86	474	304	64	-22	128
LAS CARRERAS	164	110	67	166	106	64	-3	128
CAMARGO	729	462	63	733	459	63	-1	125
SAN LUCAS	1663	1093	66	1671	1046	63	-3	125
VILLA CHARCAS	562	530	94	713	435	61	-33	122
INCAHUASI	742	415	56	597	331	55	0	111
EL VILLAR	179	85	47	182	100	55	8	110
MONTEAGUDO	1216	708	58	1230	674	55	-3	110
PADILLA	516	241	47	523	281	54	7	107
YOTALA	344	227	66	348	173	50	-16	99

MUYUPAMPA	555	249	45	559	264	47	2	95
SOPACHUY	363	214	59	368	165	45	-14	90
TARABUCO	908	491	54	915	400	44	-10	87
MOJOCOYA	372	232	62	376	158	42	-20	84
PRESTO	466	328	70	471	197	42	-28	84
ALCALA	189	62	33	191	77	40	7	80
ZUDAÑEZ	359	159	44	363	136	37	-7	75
AZURDUY	631	355	56	633	234	37	-19	74
YAMPARAEZ	405	211	52	408	150	37	-15	74
ICLA	491	215	44	496	178	36	-8	72
TARVITA	957	524	55	960	336	35	-20	70
TOTAL SEDES	25686	17763	69	25940	16247	63	-7	125

SOURCE.- SNIS JUNIO 2012

This Commitment indicates that: 10 municipalities with coverage exceeding 80%, situation which has been clearly met. High coverages will become the standard with the application of the new regulation.

Table N°3

Departmental Health Service of Chuquisaca
 Care Program for children less than 5 years old
 2nd vitamin A dose for children between 1 and 4 years old
 Per Municipality from January to June
 2012

MUNICIPIO	2da DOSIS DE VITAMINA "A"						TREND	PROJECT.
	2011 TERM			2012 TERM				
	META	EXECUTED	%	META	EXECUTED	%		
SUCRE	27675	8178	30	28142	10028	36	6	71
POROMA	1748	419	24	1778	613	34	11	69
SAN LUCAS	4295	1193	28	4354	1433	33	5	66
INCAHUASI	1916	351	18	1555	510	33	14	66
LAS CARRERAS	438	103	24	444	141	32	8	63
TARABUCO	2383	573	24	2416	753	31	7	62
VILLA CHARCAS	1451	334	23	1858	565	30	7	61
HUACAYA	329	61	19	334	101	30	12	61
YOTALA	913	196	21	928	280	30	9	60
ZUDAÑEZ	949	253	27	962	279	29	2	58
CULPINA	1901	511	27	1928	545	28	1	57
ICLA	1296	354	27	1314	370	28	1	56
PRESTO	1230	126	10	1247	346	28	17	55
TOMINA	1227	339	28	1244	344	28	0	55
AZURDUY	1609	376	23	1630	431	26	3	53
SOPACHUY	968	161	17	981	254	26	9	52
YAMPARAEZ	1062	237	22	1077	270	25	3	50
PADILLA	1376	276	20	1395	344	25	5	49
HUACARETA	1141	99	9	1157	284	25	16	49
VILLA ABECIA	373	118	32	379	89	23	-8	47
TARVITA	2439	495	20	2472	562	23	2	45

MOJOCOYA	983	137	14	997	226	23	9	45
ALCALA	504	80	16	511	112	22	6	44
VILLA SERRANO	1287	342	27	1305	281	22	-5	43
MUYUPAMPA	1429	195	14	1450	310	21	8	43
EL VILLAR	478	99	21	485	98	20	-0	40
MONTEAGUDO	3206	501	16	3252	652	20	4	40
CAMARGO	1884	414	22	1909	353	18	-3	37
MACHARETI	1140	103	9	1157	197	17	8	34
TOTAL SEDES	67628	16624	25	68662	20771	30	6	61

**SOURCE.- SNIS JUNE
2012**

Improved coverage of vitamin A dose in relation to the past term; nevertheless, the goal is to have by 2012 10 municipalities with coverage exceeding 80%, a situation to continue during the second semester.

Table Nº 4

Departmental Health Service of Chuquisaca

Chronic malnutrition prevalence rate in children less than 2 years old

Per Municipality from January to June 2012

MUNICIPALITY	CHRONIC MALNUTRITION IN CHILDREN LESS THAN TWO YEARS OLD					
	2011 TERM			2012 TERM		
	NORMAL HEIGHT PLUS SHORT HEIGHT	SHORT HEIGHT	PREVALENCE	NORMAL HEIGHT PLUS SHORT HEIGHT	SHORT HEIGHT	PREVALENCE
TARABUCO	3784	1064	28	2554	1029	40
INCAHUASI	2575	554	22	1630	554	34
ICLA	1786	363	20	1290	395	31
PRESTO	1842	432	23	1349	401	30
AZURDUY	2367	442	19	1994	552	28
SAN LUCAS	4846	1307	27	4093	1123	27
TARVITA	3161	825	26	2500	663	27
VILLA CHARCAS	3454	822	24	2776	722	26
POROMA	3358	678	20	2709	615	23
YAMPARAEZ	1297	261	20	1050	235	22
TOMINA	1757	327	19	1677	332	20
ZUDAÑEZ	1243	217	17	1059	204	19
SOPACHUY	1487	201	14	1317	241	18
CAMARGO	3080	449	15	2363	428	18
CULPINA	4051	595	15	3480	624	18
HUACAYA	423	52	12	481	63	13
VILLA SERRANO	2539	372	15	2162	274	13
PADILLA	2146	250	12	1957	242	12
ALCALA	604	75	12	581	68	12
MOJOCOYA	1316	104	8	1333	151	11
VILLA ABECIA	839	48	6	555	56	10
EL VILLAR	754	63	8	589	53	9

YOTALA	1428	110	8	1245	110	9
MUYUPAMPA	1829	177	10	1823	114	6
LAS CARRERAS	647	16	2	671	38	6
SUCRE	52772	3184	6	56475	3076	5
MACHARETI	1494	115	8	1472	77	5
HUACARETA	1716	72	4	1848	83	4
MONTEAGUDO	5141	204	4	5303	231	4
TOTAL SEDES	113736	13379	12	108336	12754	12

SOURCE.- SNIS JUNIO 2012

The following are the municipalities showing more malnutrition: Tarabuco and Incahuasi; the goal of this indicator is not to exceed 34%; there are prioritized municipalities where much work has to be performed to reduce this rate.

Table Nº 5

Departmental Health Service of Chuquisaca

Diarrhea Episodes in Children less than five years old

Per Municipality from January

to June 2012

MUNICIPALITY	DIARREHA EPISODES							
	2011 TERM			2012 TERM			TREND	PROYECT.
	GOAL	EXECUTED	%	GOAL	EXECUTED	%		
SUCRE	34701	10322	30	35287	9750	28	2	55
SAN LUCAS	5423	2350	43	5497	2176	40	4	79
MONTEAGUDO	4020	1529	38	4078	1643	40	-2	81
TARVITA	3089	1055	34	3130	1183	38	-4	76
TARABUCO	2995	1103	37	3037	1107	36	0	73
POROMA	2192	1160	53	2229	1056	47	6	95
VILLA CHARCAS	1833	969	53	2346	982	42	11	84
CULPINA	2379	889	37	2413	936	39	-1	78
INCAHUASI	2419	956	40	1964	731	37	2	74
AZURDUY	2037	644	32	2064	703	34	-2	68
PADILLA	1721	633	37	1745	675	39	-2	77
CAMARGO	2378	759	32	2411	664	28	4	55
TOMINA	1535	524	34	1556	634	41	-7	81
ICLA	1626	504	31	1648	538	33	-2	65
MACHARETI	1440	436	30	1461	528	36	-6	72
VILLA SERRANO	1595	555	35	1621	520	32	3	64

MUYUPAMPA	1805	550	30	1832	484	26	4	53
PRESTO	1544	589	38	1565	470	30	8	60
SOPACHUY	1211	425	35	1228	379	31	4	62
ZUDAÑEZ	1191	355	30	1207	377	31	-1	62
MOJOCOYA	1234	232	19	1251	340	27	-8	54
HUACARETA	1431	344	24	1451	321	22	2	44
YOTALA	1144	304	27	1164	297	26	1	51
YAMPARAEZ	1335	209	16	1353	242	18	-2	36
EL VILLAR	598	212	35	607	211	35	1	70
LAS CARRERAS	548	199	36	556	190	34	2	68
HUACAYA	415	144	35	421	187	44	-10	89
ALCALA	630	165	26	639	153	24	2	48
VILLA ABECIA	467	136	29	474	123	26	3	52
TOTAL SEDES	84934	28252	33	86235	27600	32	1	64

SOURCE.- SNIS JUNE 2012

The number of diarrhea episodes in children less than five years old decreased in relation to last term's: During the first semester there is 32% prevalence, the indicator establishes a 22% prevalence of diarrhea for the past two weeks. 100% of all children with diarrhea registered in the SNIS received appropriate treatment.

Table N° 6

Departmental Health Service of Chuquisaca
 Infant Mortality Rate: Within and Outside the Service
 Per Municipality from January to June 2012

MUNICIPALITY	INFANT MORTALITY RATE					
	2011 TERM			2012 TERM		
	LIVE BIRTHS	DEATHS	RATE 1000 X	LIVE BIRTHS	DEATHS	RATE 1000 X
ALCALA	27	0	0	24	1	42
VILLA SERRANO	92	1	11	71	2	28
POROMA	114	1	9	113	3	27
TARABUCO	156	2	13	162	4	25
MOJOCOYA	64	0	0	55	1	18
PRESTO	64	2	31	62	1	16
SUCRE	3413	58	17	3266	50	15
SAN LUCAS	354	4	11	338	5	15
TARVITA	128	6	47	123	1	8
CULPINA	184	2	11	145	1	7
MONTEAGUDO	301	3	10	316	2	6
AZURDUY	116	3	26	97	0	0
CAMARGO	168	1	6	180	0	0
VILLA ABECIA	14	1	71	18	0	0
EL VILLAR	22	0	0	17	0	0
HUACARETA	72	1	14	63	0	0
HUACAYA	22	0	0	17	0	0
ICLA	65	5	77	67	0	0
INCAHUASI	159	1	6	94	0	0
LAS CARRERAS	17	0	0	29	0	0
MACHARETI	34	0	0	36	0	0
PADILLA	146	4	27	115	0	0
SOPACHUY	79	3	38	73	0	0
TOMINA	80	1	13	76	0	0

VILLA CHARCAS	148	1	7	130	0	0
MUYUPAMPA	80	0	0	86	0	0
YAMPARAEZ	44	0	0	47	0	0
YOTALA	61	0	0	57	0	0
ZUDAÑEZ	49	1	20	58	0	0
TOTAL SEDES	6273	101	16	5935	71	12

SOURCE.- SNIS JUNE 2012

According to the number of infant deaths reported by the SNIS, within and outside the service, the infant mortality rate decrease in relation to the previous term's by 4 points, in absolute numbers it decreased from 101 to 71.

Table N° 7

Departmental Health Service of Chuquisaca
 Comprehensive Woman Care
 % of Pregnancies with four controls
 Per Municipality from January to June 2012

MUNICIPIO	% OF PREGNANCIES WITH FOUR CONTROLS							
	2011 TERM			2012 TERM			TREND	
	PROGRAMMED	4TO CPN	%	PROGRAMMED	4TO CPN	%		
CAMARGO	439	180	41	445	229	52	-49	103
HUACAYA	75	25	33	76	27	35	-2	71
CULPINA	508	128	25	515	181	35	-53	70
PADILLA	346	124	36	351	122	35	2	70
VILLA CHARCAS	345	164	48	441	152	34	12	69
SAN LUCAS	1019	337	33	1033	355	34	-18	69
MONTEAGUDO	814	333	41	825	275	33	58	67
LAS CARRERAS	108	22	20	110	35	32	-13	64
SUCRE	11573	4617	40	11768	3611	31	1006	61
INCAHUASI	456	175	38	370	113	31	62	61
ZUDAÑEZ	217	45	21	220	67	30	-22	61
TARABUCO	570	142	25	578	168	29	-26	58
MUYUPAMPA	336	109	32	341	97	28	12	57
TARVITA	492	150	30	499	134	27	16	54
PRESTO	294	54	18	298	79	26	-25	53
VILLA SERRANO	339	114	34	344	90	26	24	52
SOPACHUY	247	84	34	250	65	26	19	52
HUACARETA	283	76	27	287	74	26	2	52
ICLA	304	66	22	308	78	25	-12	51
TOMINA	307	91	30	312	77	25	14	49
MOJOCOYA	221	58	26	224	52	23	6	46
VILLA ABECIA	95	26	27	96	22	23	4	46
MACHARETI	267	71	27	271	59	22	12	43

YAMPARAEZ	246	42	17	249	54	22	-12	43
AZURDUY	333	97	29	337	72	21	25	43
ALCALA	125	29	23	127	27	21	2	43
YOTALA	377	57	15	383	70	18	-13	37
EL VILLAR	118	24	20	120	21	18	3	35
POROMA	706	103	15	718	118	16	-15	33
TOTAL SEDES	21560	7543	35	21898	6524	30	1019	60

SOURCE.- SNIS JUNE 2012

Coverage of childbirths CPN for the total number of pregnancies decreased in relation to past term's, maintaining a projection of 60% for the end of the year, being the goal having 10 municipalities with coverage exceeding 80%.

Table Nº 8

Departmental Health Service of Chuquisaca
Integral Woman Care Program: Institutional Childbirth Coverage
Per Municipality from January to June 2012

MUNICIPALITY	INSTITUTIONAL CHILDBIRTH							DECEMBER PROJECT.
	2011 TERM			2012 TERM			TREND	
	PROGRAMMED	EXECUTED	%	PROGRAMMED	EXECUTED	%		
CAMARGO	378	165	44	383	177	46	-3	92
MONTEAGUDO	702	292	42	712	311	44	-2	87
PADILLA	298	145	49	303	119	39	9	79
SAN LUCAS	879	335	38	891	326	37	2	73
VILLA CHARCAS	297	149	50	381	130	34	16	68
CULPINA	438	179	41	444	147	33	8	66
TARABUCO	492	151	31	499	161	32	-2	65
SUCRE	9.983	3.437	34	10.152	3.266	32	2	64
AZURDUY	287	115	40	291	92	32	8	63
SOPACHUY	213	79	37	216	68	31	6	63
LAS CARRERAS	93	17	18	95	29	31	-12	61
INCAHUASI	393	160	41	319	96	30	11	60
ZUDÁÑEZ	187	44	23	190	57	30	-7	60
MUYUPAMPA	290	77	27	294	86	29	-3	59
TARVITA	425	133	31	430	123	29	3	57
MOJOCOYA	191	63	33	194	55	28	5	57
TOMINA	265	79	30	269	74	28	2	55
HUACAYA	65	18	28	66	17	26	2	52
HUACARETA	244	70	29	248	62	25	4	50
PRESTO	254	63	25	257	63	24	0	49
ICLA	262	63	24	266	65	24	0	49
VILLA SERRANO	292	92	31	297	70	24	8	47
ALCALA	108	27	25	110	24	22	3	44
YAMPARAEZ	212	44	21	215	47	22	-1	44
VILLA ABECIA	82	13	16	83	18	22	-6	43

YOTALA	325	59	18	330	56	17	1	34
EL VILLAR	102	22	22	103	17	16	5	33
POROMA	609	107	18	619	99	16	2	32
MACHARETI	231	33	14	234	35	15	-1	30
TOTAL SEDES	18.598	6.231	34	18.890	5.890	31	2	62

SOURCE.- SNIS JUNE 2012

Institutional childbirth coverage decreased in relation to past term's, being the projection 62%. The goal in this indicator is having 10 municipalities with coverage exceeding 70%; there are 4 municipalities with this coverage.

Table Nº 9

Departmental Health Service of Chuquisaca
 Causes of Maternal Mortality within outside the Service
 Per Municipality from January to June 2012

MUNICIPALITY	CAUSES OF MATERNAL MORTALITY					
	2011 TERM			2012 TERM		
	LIVE BIRTHS	DEATHS	CAUSES	LIVE BIRTHS	DEATHS	CAUSES
POROMA	114	1	877	113	2	1770
INCAHUASI	159	1	629	94	1	1064
VILLA CHARCAS	148	0	0	130	1	769
CULPINA	184	1	543	145	1	690
SAN LUCAS	354	0	0	338	1	296
SUCRE	3413	5	146	3266	7	214
ALCALA	27	1	3704	24	0	0
AZURDUY	116	0	0	97	0	0
CAMARGO	168	0	0	180	0	0
VILLA ABECIA	14	0	0	18	0	0
EL VILLAR	22	0	0	17	0	0
HUACARETA	72	0	0	63	0	0
HUACAYA	22	0	0	17	0	0
ICLA	65	0	0	67	0	0
LAS CARRERAS	17	0	0	29	0	0
MACHARETI	34	0	0	36	0	0
MOJOCOYA	64	0	0	55	0	0
MONTEAGUDO	301	0	0	316	0	0
PADILLA	146	0	0	115	0	0
PRESTO	64	0	0	62	0	0
SOPACHUY	79	0	0	73	0	0
TARABUCO	156	0	0	162	0	0
TARVITA	128	1	781	123	0	0
TOMINA	80	0	0	76	0	0
VILLA SERRANO	92	0	0	71	0	0

MUYUPAMPA	80	0	0	86	0	0
YAMPARAEZ	44	0	0	47	0	0
YOTALA	61	0	0	57	0	0
ZUDAÑEZ	49	0	0	58	0	0
TOTAL SEDES	6273	10	159	5935	13	219

SOURCE.- SNIS JUNIO 2012

The causes of maternal mortality have increased in relation to past term's, being the following the municipalities with major problems: Poroma, Incahuasi, Villa Charcas, Culpina, San Lucas and Sucre.

Table Nº 10

Departmental Health Service of Chuquisaca

TB Control Program

New cases of Pulmonary TB BK (+)

Per Municipality from January to June 2012

MUNICIPIO	PULMONARY TB BK (+)							PROJECT.
	2011 TERM			2012 TERM			TREND	
	PROGRAMMED	EXECUTED	%	PROGRAMMED	EXECUTED	%		
INCAHUASI	15	5	32	12	7	56	-24	112
TARABUCO	20	10	49	21	10	48	1	97
SAN LUCAS	35	12	35	35	11	31	3	63
PRESTO	10	1	10	11	3	28	-19	57
VILLA CHARCAS	12	6	51	15	4	27	25	54
MUYUPAMPA	12	1	8	13	3	24	-16	47
SOPACHUY	9	4	45	9	2	22	23	45
YAMPARAEZ	9	0	0	9	2	22	-22	44
AZURDUY	12	1	8	13	2	16	-8	32
SUCRE	312	85	27	317	48	15	12	30
POROMA	20	3	15	20	3	15	0	30
MONTEAGUDO	29	10	34	30	4	13	21	27
CAMARGO	15	4	26	15	2	13	13	26
ZUDAÑEZ	8	5	62	8	1	12	50	25
MOJOCOYA	8	0	0	8	1	12	-12	24
CULPINA	17	1	6	17	2	11	-6	23
TARVITA	19	3	16	19	2	11	5	21
MACHARETI	10	1	10	10	1	10	0	20
YOTALA	10	1	10	10	1	10	0	19
ICLA	11	2	18	11	1	9	9	18
PADILLA	13	0	0	13	1	8	-8	16
VILLA SERRANO	13	1	8	13	1	8	0	15
ALCALA	5	0	0	5	0	0	0	0
VILLA ABECIA	3	1	30	3	0	0	30	0

EL VILLAR	4	0	0	4	0	0	0	0
HUACARETA	10	0	0	11	0	0	0	0
HUACAYA	3	0	0	3	0	0	0	0
LAS CARRERAS	4	1	25	4	0	0	25	0
TOMINA	11	4	36	11	0	0	36	0
TOTAL SEDES	661	162	25	671	112	17	8	33

SOURCE.- SNIS JUNIO 2012

New TB cases decreased in relation to last term's, the projection is 33% coverage and work is to be performed in municipalities not reporting new TB cases.

Table N° 11
Compliance with management commitments by municipalities (over 20 commitments)
January - June 2012

MUNICIPALITIES	3rd Pentavalent	SRP	Chispitas FE	2nd Vit. A	PAP	HIV PNC	PNC 5th month	FE PNC	4th PNC	Institutional Childbirth	SR	TB BK+	TB Treatment	1st Odon. visit	New Odon. visit	IAES	HAI PNC	Micro method	MNTH	Narrative 2 years	Score
TARABUCO	44	66	87	62	32	120	84	100	95	65	126	97	90	50	86	0	122	74	0	40	12
VILLA SERRANO	74	92	128	43	30	87	91	102	91	47	77	15	100	49	70	63	92	47	0	13	12
CAMARGO	62	61	125	37	18	91	73	100	87	92	112	26	75	26	45	299	89	124	6	18	11
CULPINA	92	97	147	57	22	99	82	100	85	66	67	23	500	23	26	15	91	51	0	18	11
LAS CARRERAS	65	54	128	63	35	88	100	100	106	61	100	0	100	22	32	4	0	0	0	6	11
INCAHUASI	77	85	111	66	11	56	91	100	74	60	110	112	20	33	40	11	39	4	11	34	10
MONTEAGUDO	74	65	110	40	24	118	82	93	69	87	137	27	50	33	51	56	106	125	16	4	10
PADILLA	51	72	107	49	25	74	92	102	79	79	80	16	0	32	41	93	65	117	9	12	10
PRESTO	64	47	84	55	27	84	73	100	85	49	117	57	200	21	37	9	37	44	65	30	10
SUCRE	89	93	151	71	34	117	80	92	72	64	97	30	20	22	41	6	115	51	9	5	10
TOMINA	66	64	134	55	30	86	81	100	68	55	86	0	0	41	95	22	87	45	13	20	10
MUYUPAMPA	58	60	95	43	15	103	90	100	84	59	93	47	300	27	53	57	87	40	0	6	10
ALCALA	39	49	80	44	19	111	95	103	71	44	60	0	0	31	81	163	105	76	0	8	9
EL VILLAR	54	41	110	40	27	71	91	100	62	33	127	0	0	24	27	10	53	43	0	9	9
MACHARETI	56	68	142	34	24	101	86	101	73	30	95	20	0	12	20	83	98	79	0	5	9
MOJOCOYA	50	66	84	45	33	109	81	94	81	57	88	24	0	43	48	71	95	29	0	11	9
POROMA	77	83	134	69	30	26	69	104	57	32	105	30	133	32	31	27	14	0	0	23	9
ZUDAÑEZ	51	58	75	58	38	100	90	100	83	60	81	25	80	22	34	39	100	65	0	19	9

SAN LUCAS	66	71	125	66	52	105	81	100	72	73	93	63	8	25	29	80	42	27	15	27	8
YOTALA	60	64	99	60	18	93	75	99	88	34	101	19	100	27	31	2	76	55	0	9	8
SOPACHUY	64	51	90	52	23	117	77	102	80	63	87	45	25	47	67	76	109	70	14	18	7
VILLA CHARCAS	73	81	122	61	37	80	94	100	82	68	98	54	67	24	27	154	0	0	0	26	7
YAMPARAEZ	46	44	74	50	34	102	95	98	83	44	124	44	0	36	52	3	72	68	0	22	7
TARVITA	53	49	70	45	32	78	95	101	80	57	94	21	0	36	47	0	54	65	8	27	6
HUACAYA	47	56	132	61	13	84	82	86	48	52	82	0	0	16	27	37	0	0	0	13	5
ICLA	55	47	72	56	51	110	87	100	77	49	92	18	50	26	42	36	65	13	0	31	5
VILLA ABECIA	72	57	153	47	28	100	79	97	76	43	87	0	0	35	47	101	62	33	0	10	4
HUACARETA	64	80	128	49	9	25	86	93	70	50	28	0	0	9	15	66	26	0	16	4	3
AZURDUY	54	63	74	53	28	53	79	99	61	63	68	32	0	10	19	43	56	47	0	28	2
TOTAL SEDES	73	77	125	61	32	105	82	95	74	62	97	33	39	26	43	50	94	58	9	12	13

Over 20 management commitments set up by the SEDES where complied with as of the 13th, being the municipalities of Tarvita, Huacaya, Icla, Villa Abecia, Huacareta and Azurduy the most critical.

III. CHALLENGES

- Develop the 2013 AWP in timely fashion and taking into account lessons learnt.
- Register funds for 2013 following the same dynamics of the MSD and the SEDES.
- Having a programming offer for 2013 agreed by the implementing partners and which take into account budgets.
- Develop nimble financial administrative mechanisms to support the correct execution of programmed actions.
- At the end of the term, have available regulation instruments currently being developed.